



MEDICAL CLAIMS CONCILIATION PANEL
OFFICE OF ADMINISTRATIVE HEARINGS
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Claim of) MCCP No. _____
) (For Office Use Only)
)
) CLAIM FOR MEDICAL MALPRACTICE
)
)
) Claimant(s),
)
)
) vs.
)
)
)
)
) Respondent(s).
)
_____)

CLAIM FOR MEDICAL MALPRACTICE

I. Name(s) and address(es) of Claimant(s):

II. Name(s) and address(es) of Respondent(s):

Claims cannot be accepted by the MCCP unless accompanied by: 1) the appropriate filing fee(s) of \$450 per named claimant, OR an Ex Parte Motion to Waive Filing Fees; and 2) a Certificate of Consultation. Claims and documents may be filed at the Medical Claims Conciliation Panel located at 335 Merchant Street, Suite 100, Honolulu, Hawai'i 96813

III. Description of the alleged malpractice (attach additional pages if necessary):

A. When did it happen?

B. How did it happen?

C. Which health care provider(s) and/or health care facilities do you believe were responsible for the alleged negligence?)

IV. What are the alleged negligent acts or omissions that fell below the applicable standard of care?

DATED: _____, Hawai'i, _____.
(County) (Date)

Signature

Daytime telephone number